



State of Utah  
Department of Workforce Services  
**CHILD SUPPORT/ALIMONY STATEMENT**

Please state the actual amount received even if it is different than the amount stated in divorce decree or court order.

Child Support:

I certify that I received \$\_\_\_\_\_ in child support for the month and year of \_\_\_\_\_, 20\_\_\_\_  
for the support of #\_\_\_\_\_ children in my home.

The child support was paid to me by \_\_\_\_\_.

Alimony:

I certify that I received \$\_\_\_\_\_ in alimony for the month and year of \_\_\_\_\_, 20\_\_\_\_.

The alimony was paid to me by \_\_\_\_\_.

**DECLARATION:** I certify that the information provided on this form is true and correct. I am aware that providing false information to the HEAT program is grounds for denial of my application and that I may be required to repay any amount paid based on false information.

Name of person receiving support: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTES:

***Equal Opportunity Employer Program***

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.